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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 3928

|   |  |  |                        |                                 |                         |
|---|--|--|------------------------|---------------------------------|-------------------------|
| SERIAL NUMBER<br>09/826,336   | FILING DATE<br>04/03/2001<br>RULE  | CLASS<br>382   | GROUP ART UNIT<br>2625 | ATTORNEY DOCKET NO.<br>EFIM0261 |                         |
| <b>APPLICANTS</b><br><br>John Steinberg, Millbrae, CA;<br><br><i>NONE AB</i>                      |  |  |                        |                                 |                         |
| ** CONTINUING DATA <i>NONE AB</i>   |  |  |                        |                                 |                         |
| ** FOREIGN APPLICATIONS <i>NONE AB</i>  |  |  |                        |                                 |                         |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 05/16/2001                                      |  |  |                        |                                 |                         |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged          | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Examiner's Signature <i>D-202612</i> Initials <i>Z</i> | STATE OR COUNTRY<br>CA   | SHEETS<br>DRAWING<br>6 | TOTAL CLAIMS<br>31              | INDEPENDENT CLAIMS<br>2 |
| <b>ADDRESS</b><br>31408<br>JAMES TROSINO<br>268 Bush Street #3434<br>SAN FRANCISCO , CA<br>94104  |  |  |                        |                                 |                         |
| <b>TITLE</b><br>Method and apparatus for automated image correction for digital image acquisition |  |  |                        |                                 |                         |
| FILING FEE<br>RECEIVED<br>908   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |                        |                                 |                         |